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ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

Fidelis SecureCare of Michigan Inc.

NAIC Group Code01295, 01295NAIC Company Code10769Employer's ID Number30-0312489
(Current Period)(Prior Period)

Organized under the Laws ofMichigan, State of Domicile or Port of EntryMichigan

Country of DomicileUnited States

Licensed as business type: Life, Accident & Health []Property/Casualty []Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation []Vision Service Corporation []Health Maintenance Organization [X]
Other []Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized12/09/2004Commenced Business07/15/2005

Statutory Home Office800 Tower Rd., Suite 200, Troy, MI, US 48098
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office7700 Forsyth Boulevard
(Street and Number)
Saint Louis, MO, US 63105314-725-4477
(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address7700 Forsyth Boulevard, Saint Louis, MO, US 63105
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records7700 Forsyth Boulevard
(Street and Number)
Saint Louis, MO, US 63105314-725-4477
(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number) (Extension)

Internet Web Site Addresshttp://mmp.fidelissc.com

Statutory Statement ContactCatherine Helen Aplington, 314-445-0314
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(E-Mail Address)(Fax Number)

OFFICERS

Name	Title	Name	Title
Chirstopher Donald Bowers #	President	Keith Harvey Willimason #	Secretary
Jeffrey Allan Schwaneke #	Treasurer		

OTHER OFFICERS

Jesse Nathan Hunter #	Vice President	William Nelder Scheffel #	Vice President
Tricia Lynn Dinkelman #	Vice President of Tax		

DIRECTORS OR TRUSTEES

Jesse Nathan Hunter #	William Nelder Scheffel #	Marcus Furlow #	
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State of _____
County of _____
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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Chirstopher Donald BowersPresidentKeith Harvey WillimasonSecretaryJeffrey Allan SchwanekeTreasurer

Subscribed and sworn to before me this____ day of _____,a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number____
2. Date filed____
3. Number of pages attached____

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	1,097,420		1,097,420	524,169
2. Stocks (Schedule D):				
2.1 Preferred stocks0		.0	.0
2.2 Common stocks0		.0	.0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens0	.0
3.2 Other than first liens0	.0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			.0	.0
4.2 Properties held for the production of income (less \$ encumbrances)0	.0
4.3 Properties held for sale (less \$ encumbrances)0	.0
5. Cash (\$2,663,451 , Schedule E-Part 1), cash equivalents (\$0 , Schedule E-Part 2) and short-term investments (\$0 , Schedule DA).....	2,663,451		2,663,451	7,272,988
6. Contract loans (including \$ premium notes).....			.0	.0
7. Derivatives (Schedule DB).....	.0		.0	.0
8. Other invested assets (Schedule BA)0		.0	.0
9. Receivables for securities0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	.0
11. Aggregate write-ins for invested assets0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11)	3,760,871	.0	3,760,871	7,797,157
13. Title plants less \$ charged off (for Title insurers only).....			.0	.0
14. Investment income due and accrued	3,187		3,187	1,537
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	206,114		206,114	.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			.0	.0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$1,068,959)	1,068,959		1,068,959	1,700
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers0	31,958
16.2 Funds held by or deposited with reinsured companies0	.0
16.3 Other amounts receivable under reinsurance contracts0	.0
17. Amounts receivable relating to uninsured plans	260,800		260,800	436,200
18.1 Current federal and foreign income tax recoverable and interest thereon	517,668		517,668	.0
18.2 Net deferred tax asset.....			.0	.0
19. Guaranty funds receivable or on deposit0	.0
20. Electronic data processing equipment and software.....			.0	.0
21. Furniture and equipment, including health care delivery assets (\$)0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates0	.0
23. Receivables from parent, subsidiaries and affiliates0	363,350
24. Health care (\$5,450,364) and other amounts receivable.....	5,584,519	134,155	5,450,364	119,225
25. Aggregate write-ins for other-than-invested assets	(26,119)	(52,195)	26,076	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	11,375,999	81,960	11,294,039	8,751,127
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
28. Total (Lines 26 and 27)	11,375,999	81,960	11,294,039	8,751,127
DETAILS OF WRITE-INS				
1101.0	.0
1102.0	.0
1103.0	.0
1198. Summary of remaining write-ins for Line 11 from overflow page0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)0	.0	.0	.0
2501. Prepaid Assets.....	19,080	19,080	.0	.0
2502. State Income Tax Receivable.....	26,076		26,076	.0
2503. 2014 Annual Filing Correction.....	(71,275)	(71,275)	.0	.0
2598. Summary of remaining write-ins for Line 25 from overflow page0	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	(26,119)	(52,195)	26,076	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	3,363,421		3,363,421	2,056,840
2. Accrued medical incentive pool and bonus amounts			0	22,255
3. Unpaid claims adjustment expenses	36,028		36,028	28,703
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	2,173,364		2,173,364	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	669,500		669,500	341,799
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	38,677		38,677	1,423,423
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	6,280,990	0	6,280,990	3,873,020
25. Aggregate write-ins for special surplus funds	XXX	XXX	983,151	0
26. Common capital stock	XXX	XXX	1	1
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	5,824,999	2,624,999
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(1,795,102)	2,253,107
32. Less treasury stock, at cost: 32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	5,013,049	4,878,107
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	11,294,039	8,751,127
DETAILS OF WRITE-INS				
2301.			0	0
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. 2016 Health Insurer Fee Estimate	XXX	XXX	983,151	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	983,151	0
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	67,810	21,450
2. Net premium income (including \$0 non-health premium income).....	XXX	60,547,362	30,723,525
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	60,547,362	30,723,525
Hospital and Medical:			
9. Hospital/medical benefits		51,230,778	17,091,667
10. Other professional services		330,983	1,754,931
11. Outside referrals			0
12. Emergency room and out-of-area		176,240	37,720
13. Prescription drugs		3,599,439	6,194,266
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		44,916	157,791
16. Subtotal (Lines 9 to 15)	0	55,382,356	25,236,375
Less:			
17. Net reinsurance recoveries			77,828
18. Total hospital and medical (Lines 16 minus 17)	0	55,382,356	25,158,547
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$25,797 cost containment expenses.....		1,695,091	1,455,065
21. General administrative expenses.....		5,463,541	4,365,196
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		2,173,365	0
23. Total underwriting deductions (Lines 18 through 22)	0	64,714,353	30,978,808
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(4,166,991)	(255,283)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		9,597	2,771
26. Net realized capital gains (losses) less capital gains tax of \$			0
27. Net investment gains (losses) (Lines 25 plus 26)	0	9,597	2,771
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	0
29. Aggregate write-ins for other income or expenses	0	84,171	252,512
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(4,073,223)	0
31. Federal and foreign income taxes incurred	XXX	(722,467)	0
32. Net income (loss) (Lines 30 minus 31)	XXX	(3,350,756)	0
DETAILS OF WRITE-INS			
0601.	XXX	0	0
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		0
0702.	XXX		0
0703.	XXX		0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			0
1402.			0
1403.			0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901. Other income.....		84,171	252,512
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	84,171	252,512

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	4,878,107	4,492,670
34. Net income or (loss) from Line 32	(3,350,756)	0
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	(230,000)	(34,000)
39. Change in nonadmitted assets	586,972	419,442
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	3,200,000	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	(71,275)	(5)
48. Net change in capital and surplus (Lines 34 to 47)	134,941	385,437
49. Capital and surplus end of reporting year (Line 33 plus 48)	5,013,048	4,878,107
DETAILS OF WRITE-INS		
4701. Rounding.....		(5)
4702. 2014 Annual Filing Correction.....	(71,275)	0
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(71,275)	(5)

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	59,273,989	30,703,925
2. Net investment income	7,517	11,155
3. Miscellaneous income	0	252,512
4. Total (Lines 1 through 3)	59,281,506	30,967,592
5. Benefit and loss related payments	59,526,627	25,135,936
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7. Commissions, expenses paid and aggregate write-ins for deductions	7,196,396	5,071,028
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)	(204,799)	0
10. Total (Lines 5 through 9)	66,518,224	30,206,964
11. Net cash from operations (Line 4 minus Line 10)	(7,236,718)	760,628
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	524,000	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	524,000	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	1,096,820	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	1,096,820	0
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(572,820)	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	3,200,000	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	0	1,500,949
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	3,200,000	1,500,949
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(4,609,538)	2,261,577
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	7,272,988	5,011,411
19.2 End of year (Line 18 plus Line 19.1)	2,663,450	7,272,988

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Fidelis SecureCare of Michigan Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	60,547,362	.0	.0	.0	.0	.0	55,430,780	5,116,582	.0	.0
2. Change in unearned premium reserves and reserve for rate credit0									
3. Fee-for-service (net of \$ medical expenses)0									XXX
4. Risk revenue.....	.0									XXX
5. Aggregate write-ins for other health care related revenues.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
6. Aggregate write-ins for other non-health care related revenues0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
7. Total revenues (Lines 1 to 6)	60,547,362	.0	.0	.0	.0	.0	55,430,780	5,116,582	.0	.0
8. Hospital/medical benefits	51,230,778						46,247,789	4,982,989		XXX
9. Other professional services	330,983						313,672	17,311		XXX
10. Outside referrals0									XXX
11. Emergency room and out-of-area	176,240						176,240			XXX
12. Prescription drugs	3,599,439						3,599,439			XXX
13. Aggregate write-ins for other hospital and medical0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	44,916						44,916			XXX
15. Subtotal (Lines 8 to 14)	55,382,356	.0	.0	.0	.0	.0	50,382,056	5,000,300	.0	XXX
16. Net reinsurance recoveries0									XXX
17. Total hospital and medical (Lines 15 minus 16)	55,382,356	.0	.0	.0	.0	.0	50,382,056	5,000,300	.0	XXX
18. Non-health claims (net)0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
19. Claims adjustment expenses including \$ cost containment expenses.....	1,695,090						1,565,049	130,041		
20. General administrative expenses	5,463,541						5,041,451	422,090		
21. Increase in reserves for accident and health contracts	2,173,365						1,512,542	660,823		XXX
22. Increase in reserves for life contracts.....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
23. Total underwriting deductions (Lines 17 to 22)	64,714,352	.0	.0	.0	.0	.0	58,501,098	6,213,254	.0	.0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(4,166,990)	0	0	0	0	0	(3,070,318)	(1,096,672)	0	0
DETAILS OF WRITE-INS										
0501.0									XXX
0502.0									XXX
0503.0								.0	XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)0
2. Medicare Supplement0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan0
6. Title XVIII - Medicare	55,430,780			55,430,780
7. Title XIX - Medicaid.....	5,116,582			5,116,582
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	60,547,362	.0	.0	60,547,362
10. Life0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	60,547,362	0	0	60,547,362

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	59,491,413						54,826,559	4,664,854		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	59,491,413	0	0	0	0	0	54,826,559	4,664,854	0	0
2. Paid medical incentive pools and bonuses	67,171						67,171	0		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	3,363,421	0	0	0	0	0	3,027,975	335,446	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	3,363,421	0	0	0	0	0	3,027,975	335,446	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a).....	5,460,554						5,460,554			
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	2,056,840	0	0	0	0	0	2,056,840	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	2,056,840	0	0	0	0	0	2,056,840	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	22,255	0	0	0	0	0	22,255	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	55,337,440	0	0	0	0	0	50,337,140	5,000,300	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	55,337,440	0	0	0	0	0	50,337,140	5,000,300	0	0
13. Incurred medical incentive pools and bonuses	44,916	0	0	0	0	0	44,916	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	3,302,138	0					2,966,692	335,446		
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	3,302,138	0	0	0	0	0	2,966,692	335,446	0	0
2. Incurred but Unreported:										
2.1. Direct	61,283						61,283			
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	61,283	0	0	0	0	0	61,283	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0						0			
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	3,363,421	0	0	0	0	0	3,027,975	335,446	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4. Net	3,363,421	0	0	0	0	0	3,027,975	335,446	0	0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only.....					0	0
4. Vision Only.....					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	2,010,002	52,940,522		3,027,975	2,010,002	2,056,840
7. Title XIX - Medicaid.....		4,664,854		335,446	0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	2,010,002	57,605,376	0	3,363,421	2,010,002	2,056,840
10. Healthcare receivables (a).....		5,584,519			0	0
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts	22,255	44,916			22,255	22,255
13. Totals (Lines 9-10+11+12)	2,032,257	52,065,773	0	3,363,421	2,032,257	2,079,095

(a) Excludes \$ loans or advances to providers not yet expensed.

Pt 2C - Sn A - Paid Claims - Comp
NONE

Pt 2C - Sn A - Paid Claims - MS
NONE

Pt 2C - Sn A - Paid Claims - DO
NONE

Pt 2C - Sn A - Paid Claims - VO
NONE

Pt 2C - Sn A - Paid Claims - FE
NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	13,773	13,773	13,773	13,773	13,773
2. 2011.....	15,887	18,932	18,932	18,932	18,932
3. 2012.....	XXX	14,252	16,417	16,417	16,417
4. 2013.....	XXX	XXX	16,238	17,466	17,466
5. 2014.....	XXX	XXX	XXX	23,902	25,936
6. 2015.....	XXX	XXX	XXX	XXX	47,400

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	13,773	13,773	13,773	13,773	13,773
2. 2011.....	18,631	18,932	18,932	18,932	18,932
3. 2012.....	XXX	15,912	16,417	16,417	16,417
4. 2013.....	XXX	XXX	17,947	17,466	17,466
5. 2014.....	XXX	XXX	XXX	25,981	25,936
6. 2015.....	XXX	XXX	XXX	XXX	50,428

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011.....	22,747	18,932		0.0	18,932	83.2			18,932	83.2
2. 2012.....	20,446	16,417		0.0	16,417	80.3			16,417	80.3
3. 2013.....	20,505	17,466		0.0	17,466	85.2			17,466	85.2
4. 2014.....	30,724	25,936	178	0.7	26,114	85.0			26,114	85.0
5. 2015.....	55,431	47,400	1,354	2.9	48,754	88.0	3,028	33	51,815	93.5

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior0	.0	.0	.0	
2. 2011.....	.0	.0	.0	.0	
3. 2012.....	XXX	.0	.0	.0	
4. 2013.....	XXX	XXX	.0		
5. 2014.....	XXX	XXX	XXX	.0	
6. 2015.....	XXX	XXX	XXX	XXX	4,665

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior0	.0	.0	.0	
2. 2011.....	.0	.0	.0	.0	
3. 2012.....	XXX	.0	.0	.0	
4. 2013.....	XXX	XXX	.0		
5. 2014.....	XXX	XXX	XXX	.0	
6. 2015.....	XXX	XXX	XXX	XXX	5,000

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011.....	.0	.0		.0	.0	.0			.0	.0
2. 2012.....	.0	.0		.0	.0	.0			.0	.0
3. 2013.....	.0	.0		.0	.0	.0			.0	.0
4. 2014.....	.0	.0		.0	.0	.0			.0	.0
5. 2015.....	5,117	4,665	127	2.7	4,792	93.6	335	3	5,130	100.3

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	13,773	13,773	13,773	13,773	13,773
2. 2011.....	15,887	18,932	18,932	18,932	18,932
3. 2012.....	XXX	14,252	16,417	16,417	16,417
4. 2013.....	XXX	XXX	16,238	17,466	17,466
5. 2014.....	XXX	XXX	XXX	23,902	25,936
6. 2015.....	XXX	XXX	XXX	XXX	52,065

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	13,773	13,773	13,773	13,773	13,773
2. 2011.....	18,631	18,932	18,932	18,932	18,932
3. 2012.....	XXX	15,912	16,417	16,417	16,417
4. 2013.....	XXX	XXX	17,947	17,466	17,466
5. 2014.....	XXX	XXX	XXX	25,981	25,936
6. 2015.....	XXX	XXX	XXX	XXX	55,428

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011.....	22,747	18,932	.0	0.0	18,932	83.2	.0	.0	18,932	83.2
2. 2012.....	20,446	16,417	.0	0.0	16,417	80.3	.0	.0	16,417	80.3
3. 2013.....	20,505	17,466	.0	0.0	17,466	85.2	.0	.0	17,466	85.2
4. 2014.....	30,724	25,936	.178	0.7	26,114	85.0	.0	.0	26,114	85.0
5. 2015.....	60,548	52,065	1,481	2.8	53,546	88.4	3,363	36	56,945	94.0

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Part 2C - Sn C - Claims Expense Ratio Co
NONE

Part 2C - Sn C - Claims Expense Ratio MS
NONE

Part 2C - Sn C - Claims Expense Ratio DO
NONE

Part 2C - Sn C - Claims Expense Ratio VO
NONE

Part 2C - Sn C - Claims Expense Ratio FE
NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	2,173,365						1,512,542	660,823	
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	.0								
5. Aggregate write-ins for other policy reserves0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	2,173,365	.0	.0	.0	.0	.0	1,512,542	660,823	.0
7. Reinsurance ceded0								
8. Totals (Net) (Page 3, Line 4)	2,173,365	0	0	0	0	0	1,512,542	660,823	0
9. Present value of amounts not yet due on claims0								
10. Reserve for future contingent benefits0								
11. Aggregate write-ins for other claim reserves0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross)0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.0								
0502.0								
0503.0								
0598. Summary of remaining write-ins for Line 5 from overflow page0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.0								
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$2,173,365 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)			123,961		123,961
2. Salaries, wages and other benefits			2,672,865		2,672,865
3. Commissions (less \$ceded plus \$assumed)					0
4. Legal fees and expenses			179,760		179,760
5. Certifications and accreditation fees			5,483		5,483
6. Auditing, actuarial and other consulting services			743,325		743,325
7. Traveling expenses			77,347		77,347
8. Marketing and advertising			84,016		84,016
9. Postage, express and telephone			41,615		41,615
10. Printing and office supplies			449,606		449,606
11. Occupancy, depreciation and amortization			203,265		203,265
12. Equipment			13,280		13,280
13. Cost or depreciation of EDP equipment and software			318,932		318,932
14. Outsourced services including EDP, claims, and other services	25,797	1,669,294	337,366		2,032,457
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			13,224		13,224
17. Collection and bank service charges			8,261		8,261
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			19,604		19,604
22. Real estate taxes			8,973		8,973
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			(55,596)		(55,596)
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			8,577		8,577
23.4 Payroll taxes			122,375		122,375
23.5 Other (excluding federal income and real estate taxes)			87,302		87,302
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	25,797	1,669,294	5,463,541	0 (a)	7,158,632
27. Less expenses unpaid December 31, current year		36,028	669,500		705,528
28. Add expenses unpaid December 31, prior year	0	28,703	341,799	0	370,502
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	25,797	1,661,969	5,135,840	0	6,823,606
DETAILS OF WRITE-INS					
2501.					0
2502.					0
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$4,445,815 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a).....6,8648,454
1.1	Bonds exempt from U.S. tax	(a).....
1.2	Other bonds (unaffiliated)	(a).....
1.3	Bonds of affiliates	(a).....0
2.1	Preferred stocks (unaffiliated)	(b).....0
2.11	Preferred stocks of affiliates	(b).....0
2.2	Common stocks (unaffiliated)0
2.21	Common stocks of affiliates0
3.	Mortgage loans	(c).....
4.	Real estate	(d).....
5.	Contract loans
6.	Cash, cash equivalents and short-term investments	(e).....1,1431,143
7.	Derivative instruments	(f).....
8.	Other invested assets
9.	Aggregate write-ins for investment income00
10.	Total gross investment income	8,007	9,597
11.	Investment expenses		(g).....
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g).....
13.	Interest expense		(h).....
14.	Depreciation on real estate and other invested assets		(i).....
15.	Aggregate write-ins for deductions from investment income0
16.	Total deductions (Lines 11 through 15)0
17.	Net investment income (Line 10 minus Line 16)		9,597
DETAILS OF WRITE-INS			
0901.		
0902.		
0903.		
0998.	Summary of remaining write-ins for Line 9 from overflow page00
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598.	Summary of remaining write-ins for Line 15 from overflow page0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$599 accrual of discount less \$169 amortization of premium and less \$807 paid for accrued interest on purchases.
(b) Includes \$ accrual of discount less \$ amortization of premium and less \$0 paid for accrued dividends on purchases.
(c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$ paid for accrued interest on purchases.
(d) Includes \$for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
(e) Includes \$883 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
(f) Includes \$ accrual of discount less \$ amortization of premium.
(g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes \$ interest on surplus notes and \$ interest on capital notes.
(i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds0		
1.1	Bonds exempt from U.S. tax0		
1.2	Other bonds (unaffiliated)0		
1.3	Bonds of affiliates00000
2.1	Preferred stocks (unaffiliated)00000
2.11	Preferred stocks of affiliates00000
2.2	Common stocks (unaffiliated)00000
2.21	Common stocks of affiliates00000
3.	Mortgage loans00000
4.	Real estate000	0
5.	Contract loans0		
6.	Cash, cash equivalents and short-term investments000
7.	Derivative instruments0		
8.	Other invested assets00000
9.	Aggregate write-ins for capital gains (losses)00000
10.	Total capital gains (losses)	0	0	0	0	0
DETAILS OF WRITE-INS						
0901.0		
0902.0		
0903.0		
0998.	Summary of remaining write-ins for Line 9 from overflow page00000
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	230,000	230,000
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	332,939	332,939
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	134,155	4,740	(129,415)
25. Aggregate write-ins for other-than-invested assets	(52,195)	101,253	153,448
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	81,960	668,932	586,972
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	81,960	668,932	586,972
DETAILS OF WRITE-INS			
1101.		0	0
1102.		0	0
1103.		0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Assets.....	19,080	101,253	82,173
2502. 2014 Annual Filing Correction.....	(71,275)	0	71,275
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	(52,195)	101,253	153,448

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	2,268	2,923	2,725	11,781	7,540	67,810
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	2,268	2,923	2,725	11,781	7,540	67,810
DETAILS OF WRITE-INS						
0601.0					
0602.0					
0603.0					
0698. Summary of remaining write-ins for Line 6 from overflow page0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Fidelis SecureCare of Michigan, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance.

The State of Michigan requires that insurance companies domiciled in the state of Michigan prepare their statutory basis financial statements in accordance with the NAIC *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the State of Michigan Insurance Commissioner.

NET INCOME	State of Domicile	2015	2014
(1) Fidelis SecureCare of Michigan, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	Michigan	\$ (3,350,755)	\$ -
(2) State Prescribed Practices that increase(decrease) NAIC SAP: e.g., Depreciation of fixed assets	Michigan	\$ -	\$ -
(3) State Permitted Practices that increase(decrease) NAIC SAP: e.g., Depreciation of fixed assets, home office property	Michigan	\$ -	\$ -
(4) NAIC SAP (1-2-3=4)	Michigan	\$ (3,350,755)	\$ -
SURPLUS			
(5) Fidelis SecureCare of Michigan, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	Michigan	\$ 5,013,049	\$ 4,878,107
(6) State Prescribed Practices that increase(decrease) NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net	Michigan	\$ -	\$ -
(7) State Permitted Practices that increase(decrease) NAIC SAP: e.g., Home Office Property	Michigan	\$ -	\$ -
(8) NAIC SAP (5-6-7=8)	Michigan	\$ 5,013,049	\$ 4,878,107

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

1. Cash and short-term investments are carried at cost, which approximates fair value. Short-term investments include securities purchased within twelve months or less of maturity date.
2. Bonds are carried at amortized cost with the accretion of discounts and amortization of premiums being computed under the scientific method.
3. The Company holds no common stock.
4. The Company holds no preferred stock.
5. The Company holds no mortgage loans.
6. The Company holds no loan-backed securities.
7. The Company has no investments in subsidiaries, controlled or affiliated companies.
8. The Company has no interest in joint ventures.
9. The Company holds no derivatives.
10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve is required. The Company considers anticipated investment income when calculating its premium deficiency reserves. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense. The Company has a premium deficiency reserve of \$2,173,364 at December 31, 2015.
11. Unpaid losses and loss adjustment expenses include amounts determined from claims estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount to be adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
12. There were no changes to the capitalization policy

NOTES TO FINANCIAL STATEMENTS

13. Pharmaceutical rebates are based on actual pharmaceutical claims experience.

D. Going Concern

The Company’s management has not identified any conditions or events that raise substantial doubt about its ability to continue as a going concern

2. Accounting Changes and Corrections of Errors

During 2015, the Company recorded a correction to non-admitted assets, in the amount of \$71,275, to properly reflect pharmacy rebate receivables that should have been non-admitted at December 31, 2014. The adjustment was included as a write-in in the Statutory Statements of Revenue and Expenses (Continued).

The Company did not have any accounting changes in the year ended December 31, 2015. The Company did not have any accounting changes or corrections of errors in the year ended December 31, 2014.

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Loan-Backed Securities

None

E. Repurchase Agreements and/or Securities Lending Transactions

None

F. Real Estate

None

G. Investment In Low-Income Housing Tax Credits (LIHTC)

None

H. Restricted Assets

NOTES TO FINANCIAL STATEMENTS

1. Restricted Assets (Including Pledged)

	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
Restricted Asset Category						
a. Subject to contractual obligation for which liability is not shown						
b. Collateral held under security lending agreements						
c. Subject to repurchase agreements						
d. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						
g. Placed under option contracts						
h. Letter stock or securities restricted as to sale						
i. FHLB capital stock						
j. On deposit with states	\$ 1,097,420	\$ 1,212,011	\$ (114,591)	\$ 1,097,420	9.6%	9.7%
k. On deposit with other regulatory bodies						
l. Pledged collateral to FHLB (including assets backing funding)						
m. Pledged as collateral not captured in other categories						
n. Other restricted assets						
o. Total Restricted Assets	\$ 1,097,420	\$ 1,212,011	\$ (114,591)	\$ 1,097,420	9.6%	9.7%

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories – None

3. Detail of Other Restricted Assets – None

I. Working Capital Finance Investments

None

J. Offsetting and Netting of Assets and Liabilities

None

K. Structured Notes

None

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

A. Investment income due and accrued with amounts greater than 90 days past due are excluded from surplus.

B. The total amount excluded was \$0.

8. Derivative Instruments

None

9. Income Tax

The December 31, 2015 and December 31, 2014 balances and related disclosures are calculated and presented pursuant to SSAP 101.

A. Components of deferred tax assets (DTAs) and deferred tax liabilities (DTLs):

NOTES TO FINANCIAL STATEMENTS

(1) DTA/DTL Components		2015			2014			Change		
	Description	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	Gross deferred tax assets	\$ 2,845,079	0	2,845,079	230,000	0	230,000	2,615,079	0	2,615,079
(b)	Statutory valuation allowance adjustment	(2,845,079)	0	(2,845,079)	0	0	0	(2,845,079)	0	(2,845,079)
(c)	Adjusted gross deferred tax assets	0	0	0	230,000	0	230,000	(230,000)	0	(230,000)
(d)	Deferred tax assets nonadmitted	0	0	0	(230,000)	0	(230,000)	230,000	0	230,000
(e)	Net admitted deferred tax assets	0	0	0	(0)	0	(0)	0	0	0
(f)	Deferred tax liabilities	\$ 0	0	0	0	0	0	0	0	0
(g)	Net admitted deferred tax asset/(Net deferred tax liability)	\$ 0	0	0	(0)	0	(0)	0	0	0

(2) Admission calculation components:		2015			2014			Change		
	Description	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission calculation under ¶11.a.-¶11.c.										
(a)	FIT recoverable by loss carryback [¶11.a.]	\$ 0	0	0	0	0	0	0	0	0
(b)	Expected to be realized [¶11.b.] (lesser of i. or ii.)	0	0	0	(0)	0	(0)	0	0	0
	1. Expected to be realized [¶11.b.i.]	0	0	0	(0)	0	(0)	0	0	0
	2. Surplus limitation [¶11.b.ii.]	501,305	0	501,305	0	0	0	0	0	0
(c)	DTL offset [¶11.c.]	0	0	0	0	0	0	0	0	0
(d)	Total admitted under ¶¶11.a.-11.c.	0	0	0	(0)	0	(0)	0	0	0
	Deferred tax liabilities	\$ 0	0	0	0	0	0	0	0	0
	Net admitted deferred tax asset/liability under ¶11.a.-¶11.c.	\$ 0	0	0	(0)	0	(0)	0	0	0

(3) Information used in expected to be realized calculation [¶11.b.]		2015	2014
(a)	ExDTA ACL RBC or other ratio	277%	384%
(b)	Adjusted capital and surplus	\$ 5,013,049	\$ 4,878,107

(4) Tax planning strategies have not been used to admit DTAs.	
---------------------------------------------------------------	--

B. Temporary differences for which DTLs have not been established:

Not applicable.

C. Current tax and change in deferred tax:

Description	2015	2014
(a) Current federal income tax expense	\$ (722,467)	0
(b) Foreign Taxes	0	0
(c) Subtotal	(722,467)	0
(d) Tax on capital gains/(losses)	0	0
(e) Utilization of capital loss carryforwards	0	0
(f) Other, including prior year underaccrual (overaccrual)	0	0
(g) Federal and foreign income taxes incurred	\$ (722,467)	0

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

(2) DTAs Resulting From	December 31, December 31,		
Book/Tax Differences In	2015	2014	Change
(a) Ordinary			
(1) Discounting of unpaid losses and LAE	\$ 9,871	10,000	(129)
(2) Unearned premiums	0	0	0
(3) Policyholder reserves	0	0	0
(4) Investments	0	0	0
(5) Deferred acquisition costs	0	0	0
(6) Goodwill	2,007,201	0	2,007,201
(7) Premium deficiency reserve	760,677	0	760,677
(8) Compensation and benefit accruals	0	0	0
(9) Pension accruals	0	0	0
(10) Nonadmitted assets	67,330	0	67,330
(11) Net operating loss carryforward	0	0	0
(12) Tax credit carry forward	0	0	0
(13) Other (separately disclose items >5%)	(0)	220,000	(220,000)

NOTES TO FINANCIAL STATEMENTS

(99) Gross ordinary DTAs	\$ 2,845,079	230,000	2,615,079
(b) Statutory valuation adjustment adjustment - ordinary	(2,845,079)	0	(2,845,079)
(c) Nonadmitted ordinary DTAs (-)	<u>0</u>	<u>(230,000)</u>	<u>230,000</u>
(d) Admitted ordinary DTAs	<u>\$ 0</u>	<u>(0)</u>	<u>0</u>
(e) Capital			
(1) Investments	\$ 0	0	0
(2) Net capital loss carryforward	0	0	0
(3) Real estate	0	0	0
(4) Other (separately disclose items >5%)	0	0	0
Unrealized capital losses	<u>0</u>	<u>0</u>	<u>0</u>
(99) Gross capital DTAs	\$ 0	0	0
(f) Statutory valuation adjustment adjustment - capital (-)	0	0	0
(g) Nonadmitted capital DTAs (-)	<u>0</u>	<u>0</u>	<u>0</u>
(h) Admitted capital DTAs	<u>\$ 0</u>	<u>0</u>	<u>0</u>
(i) Admitted DTAs	<u>\$ 0</u>	<u>(0)</u>	<u>0</u>
(3) DTLs Resulting From	December 31,	December 31,	
Book/Tax Differences In	<u>2015</u>	<u>2014</u>	<u>Change</u>
(a) Ordinary			
(1) Investments	\$ 0	0	0
(2) Fixed assets	0	0	0
(3) Deferred and uncollected premiums	0	0	0
(4) Policyholder reserves/salvage and subrogation	0	0	0
(5) Other (separately disclose items >5%)	<u>0</u>	<u>0</u>	<u>0</u>
(99) Ordinary DTLs	<u>\$ 0</u>	<u>0</u>	<u>0</u>
(b) Capital			
(1) Investments	\$ 0	0	0
(2) Real estate	0	0	0
(3) Other (separately disclose items >5%)	0	0	0
Unrealized capital gains	<u>0</u>	<u>0</u>	<u>0</u>
(99) Capital DTLs	<u>\$ 0</u>	<u>0</u>	<u>0</u>
(c) DTLs	<u>\$ 0</u>	<u>0</u>	<u>0</u>
(4) Net deferred tax assets/liabilities	<u>\$ 0</u>	<u>(0)</u>	<u>0</u>

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	December 31,	December 31,	
	<u>2015</u>	<u>2014</u>	<u>Change</u>
Total deferred tax assets	\$ 2,845,079	230,000	2,615,079
Total deferred tax liabilities	<u>0</u>	<u>0</u>	<u>0</u>
Net deferred tax assets/liabilities	2,845,079	230,000	2,615,079
Statutory valuation allowance adjustment	<u>(2,845,079)</u>	<u>0</u>	<u>(2,845,079)</u>
Net deferred tax assets/liabilities after SVA	0	230,000	(230,000)
Tax effect of unrealized gains/(losses)	<u>0</u>	<u>0</u>	<u>0</u>
Change in net deferred income tax [(charge)/benefit]	<u>\$ 0</u>	<u>230,000</u>	<u>(230,000)</u>

The valuation allowance adjustment to gross deferred tax assets as of December 31, 2015 and 2014 was \$2,845,079 and \$0, respectively. The net change in the total valuation allowance for the year ended December 31, 2015 was an increase of \$2,845,079.

D. Reconciliation of federal income tax rate to actual effective rate:

NOTES TO FINANCIAL STATEMENTS

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

Description	2015	Effective Tax Rate
Income Before Taxes	\$(4,073,222)	
Statutory tax rate	35%	
Expected income tax benefit at 35% statutory tax rate	(1,425,628)	35.00%
Tax-Exempt Interest	0	0.00%
Dividends Received Deduction	0	0.00%
Health Insurer Fee	11,826	-0.29%
Meals & Entertainment, Penalties, Etc.	0	0.00%
197 asset acquired	(2,076,415)	50.98%
Statutory Valuation Allowance Adjustment	2,845,079	-69.85%
Write-off of NOLs and Start-up Costs	220,000	-5.40%
Deferred Taxes on Nonadmitted Assets	(67,330)	1.65%
Other, Including Prior Year True-Up	0	0.00%
Total	<u>\$ (492,468)</u>	<u>12.09%</u>
Federal income taxed incurred [expense/(benefit)]	\$ (722,467)	17.74%
Tax on capital gains/(losses)	0	0.00%
Change in net deferred income tax [charge/(benefit)]	230,000	-5.65%
Total statutory income taxes	<u>\$ (492,467)</u>	<u>12.09%</u>

E. Carryforwards, recoverable taxes, and IRC §6603 deposits: \$ 0 \$ 0

At December 31, 2015, the Company had no net operating loss or tax credit carryforwards available to tax purposes.

The following is income tax expense for 2014 and 2015 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2014	\$ 0	0	0
2015	0	0	0
Total	<u>\$ 0</u>	<u>0</u>	<u>0</u>

Deposits admitted under IRC § 6603: None.

F. The Company and Centene Corporation are members of an affiliated group that files a consolidated federal tax return. The regulated companies that are included in the filing of this consolidated return are:

Absolute Total Care, Inc.	Home State Health Plan, Inc.
AECC Total Vision Health Plan of Texas, Inc.	IlliniCare Health Plan, Inc.
Bankers Reserve Life Insurance Company of Wisconsin	Kentucky Spirit Health Plan, Inc.
Buckeye CommunityHealth Plan, Inc.	Louisiana Healthcare Connections, Inc.
California Health & Wellness Plan	Magnolia Health Plan, Inc.
CeliCare Health Plan of Massachusetts, Inc.	Managed Health Services Insurance Corp.
Cenpatico Integrated Care	Peach State Health Plan, Inc.
Coordinated Care Corporation	Sunflower State Health Plan, Inc.
Coordinated Care of Washington, Inc.	Sunshine State Health Plan, Inc.
Granite State Health Plan, Inc.	Superior Health Plan, Inc.
Hallmark Life Insurance Co.	Trillium Community Health Plan, Inc.

The Company and Centene Corporation have a tax sharing agreement. The method of allocation is subject to this written agreement whereby allocation is made primarily on a separate company basis using the percentage method pursuant to provisions of IRC Sections 1502 and 1552 and Treasury Regulations 1.1502 and 1.1552. This percentage method allocates a tax asset (i.e. intercompany receivable) for any benefit derived by the consolidated group for the member's losses or credits that offset consolidated taxable income. In accordance with the tax sharing agreement, the Company shall pay to Centene Corporation or receive from Centene Corporation the amount of tax liability or benefit reported on its proforma federal income tax return within 90 days of the date Centene Corporation files its consolidated federal income tax return

10. Information Concerning Parent, Subsidiaries and Affiliates

A., B., C., D., F.

Centene Management Company LLC, a wholly owned subsidiary of Centene Corporation, has provided data, claims processing, case management, care coordination, and general management services to the Company. Administrative

NOTES TO FINANCIAL STATEMENTS

and Medical Expenses for the year ending December 31, 2015 included \$4,445,815 for such services. Amounts due (to) from at December 31, 2015 included (\$38,677) for true-up of management fees and expenses paid on behalf of the company.

The Company has contracted with NurseWise, LP, a wholly-owned subsidiary of Centene Corporation, to provide triage services and outbound calling services. Medical expenses for the year ending December 31, 2015 were \$38,860. Amounts due (to) from at December 31, 2015 included (\$18,191) for such services.

During 2015, Centene Corporation contributed \$3,200,000 to the surplus of the Company. Of the total surplus contributed \$0 is recorded as a receivable at December 31, 2015.

The Company was contracted with Fidelis SeniorCare Inc. to provide services under an administrative services agreement and tax sharing agreement. Administrative and Medical Expenses for the year ending December 31, 2014 were \$3,884,854. Amounts due (to) from at December 31, 2014 included (\$1,292,005) for such services.

The Company was contracted with FSC of Michigan Services Inc. to provider services under capitation and rental agreements. Administrative and Medical Expenses for the year ending December 31, 2014 were \$15,129,255. Amounts due (to) from at December 31, 2014 included \$363,350 for such services.

The Company was contracted with Fidelis HealthCare Services Inc. to provide services under a provider network agreement. Amounts due (to) from at December 31, 2014 included \$131,417 for such services.

The Company paid no dividends to Fidelis SeniorCare Inc. for the year ending December 31, 2014.

E. Guarantees

None

G. Control Relationship

As of May 1, 2015, the Company is wholly owned by Centene Corporation. For the period January 1, 2014 through April 30, 2015, the Company was wholly owned by Fidelis SeniorCare Inc.

H. Upstream Intermediate Entity

None

I. Investment in an SCA Entity

None

J. Investment in Impaired SCA Entity

None

K. Investment in Foreign Insurance Subsidiary

None

L. Investment in Downstream Noninsurance Holding Company

None

11. Debt

None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

None

13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

- 1) The Company has 100 shares authorized, 100 shares issued, and 100 shares outstanding. All shares are common shares.
- 2) The Company had no preferred stock outstanding.
- 3) No extraordinary dividends or other extraordinary distributions to shareholder until 30 days after the commissioner has received notice of the declaration thereof and has not within such period disapproved such payment. For purposes of this section, an extraordinary dividend or distribution includes any dividend or distribution of cash or other property, whose fair market value together with that of other dividends or distributions made within the preceding twelve months exceeds the greater of ten percent of such insurer’s surplus as regards to policy holders as of December 31 next preceding, or the net gain from operations of such insurer, not including realized capital gains, for the twelve-

NOTES TO FINANCIAL STATEMENTS

month period ended December 31. Any other provision of law to the contrary notwithstanding, an insurer may declare an extraordinary dividend or distribution which is conditional upon the commissioner’s approval thereof, and such a declaration confers no rights upon shareholders until the commissioner has approved the payment of such dividend or distribution or the commissioner has not disapproved such payment within the thirty-day period.

- 4) The Company paid no dividends for the years ended December 31, 2015 and 2014.
- 5) Within the limitation of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- 6) There were no restrictions placed on the Company’s surplus, including for whom the surplus is being held.
- 7) The Company has no advances to surplus not repaid.
- 8) The Company held no stock.
- 9) The increase in the special surplus funds from the prior year is due to the projected annual fee under section 9010 of the Affordable Care Act to be paid on September 30, 2016 based on business written in 2015.
- 10) There were no unassigned funds (surplus) represented or reduced by cumulative unrealized gains or losses.
- 11) The Company has no surplus notes.
- 12) The Company was not involved in a quasi-reorganization.
- 13) The Company has not been involved in a quasi-reorganization in the last 10 years.

14. Contingencies

- A. Contingent Commitments
None
- B. Assessments
None
- C. Gain Contingencies
None
- D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits
None
- E. Joint and Several Liabilities
None
- F. All Other Contingencies
Various lawsuits against the Company have arisen in the course of business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company

15. Leases

None

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans
None
- B. ASC Plans

NOTES TO FINANCIAL STATEMENTS

None

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

The Company participates in Medicare Advantage Special Needs Plans and a Medicaid-Medicare Dual Demonstration Program under contracts with Centers for Medicare and Medicaid Services which include Medicare Part D prescription insurance coverage. The Medicare Part D program is a partially insured plan. The Company recorded a receivable of \$260,800 and \$436,200 at December 31, 2015 and December 31, 2014, respectively, for cost reimbursements under the Medicare Part D program for the catastrophic reinsurance and low-income member cost-sharing subsidies.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. Fair Value Measurement

- A. Assets and liabilities recorded at fair value in the statutory statement of admitted assets, liabilities and capital and surplus are categorized based upon the extent to which the fair value estimates are based upon observable or unobservable inputs.

Level inputs are as follows:

Level input	Input definition
Level I	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
Level II	Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date.
Level III	Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

The following table summarizes fair value measurements by level at December 31, 2015 for assets and liabilities measured at fair value on a recurring basis:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Cash and Short-Term Investments				
Cash	\$ 2,663,451	\$ -	\$ -	\$ 2,663,451
Short-Term Investments	\$ -	-	-	-
Total Cash and Short-Term Investments	\$ 2,663,451	\$ -	\$ -	\$ 2,663,451
Perpetual Preferred stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -
Bonds				
U.S. Governments	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	-	-	-	-
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	\$ -	\$ -	\$ -	\$ -
Common Stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stocks	\$ -	\$ -	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

Derivative assets				
Interest rate contracts	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-
Credit contracts	-	-	-	-
Commodity futures contracts	-	-	-	-
Commodity forward contracts	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 2,663,451	\$ -	\$ -	\$ 2,663,451
b. Liabilities at fair value				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

The following table summarizes fair value measurements by level at December 31, 2014 for assets and liabilities measured at fair value on a recurring basis:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Cash and Short-Term Investments				
Cash	\$ 6,585,094	\$ -	\$ -	\$ 6,585,094
Short-Term Investments	\$ 687,894	-	-	687,894
Total Cash and Short-Term Investments	\$ 7,272,988	\$ -	\$ -	\$ 7,272,988
Perpetual Preferred stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -
Bonds				
U.S. Governments	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	-	-	-	-
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	\$ -	\$ -	\$ -	\$ -
Common Stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stocks	\$ -	\$ -	\$ -	\$ -
Derivative assets				
Interest rate contracts	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-
Credit contracts	-	-	-	-
Commodity futures contracts	-	-	-	-
Commodity forward contracts	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 7,272,988	\$ -	\$ -	\$ 7,272,988
b. Liabilities at fair value				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

- B. None
- C. The following table summarizes the aggregate fair value measurements by level at December 31, 2015 for all financial instruments.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Not Practicable (Carrying Value)
Total Cash and Short-Term Investments	\$ 2,663,451	\$ 2,663,451	\$ 2,663,451	\$ -	\$ -	\$ -
Bonds	1,095,059	1,097,420	1,095,059	-	-	-
Common Stock	-	-	-	-	-	-
Perpetual Preferred Stock	-	-	-	-	-	-
Mortgage Loans	-	-	-	-	-	-
Total	\$ 3,758,510	\$ 3,760,871	\$ 3,758,510	\$ -	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

The following table summarizes the aggregate fair value measurements by level at December 31, 2014 for all financial instruments.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Not Practicable (Carrying Value)
Total Cash and Short-Term Investments	\$ 7,272,988	\$ 7,272,988	\$ 7,272,988	\$ -	\$ -	\$ -
Bonds	524,736	524,169	524,736	-	-	-
Common Stock	-	-	-	-	-	-
Perpetual Preferred Stock	-	-	-	-	-	-
Mortgage Loans	-	-	-	-	-	-
Total	\$ 7,797,724	\$ 7,797,157	\$ 7,797,724	\$ -	\$ -	\$ -

D. None

21. Other Items

A. Extraordinary Items

None

B. Troubled Debt Restructuring: Debtors

None

C. Other Disclosures and Unusual Items

Assets in the amount of \$1,097,420 and \$1,212,063 at December 31, 2015 and December 31, 2014, respectively, were on deposit with government authorities or trustees as required by law.

D. Business Interruption Insurance Recoveries

None

E. State Transferable and Non-Transferable Tax Credits

None

F. Subprime Mortgage Related Risk Exposure

None

G. Retained Assets

None

22. Events Subsequent

Type I

None

Type II

Subsequent events have been considered through February 29, 2016 for the statutory statement issued on 3/1/2016.

On January 1, 2016, the Company will be subject to an annual fee under section 9010 of the Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2015, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2016, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2016 to be \$983,151. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by (54%). Reporting the ACA assessment as of December 31, 2015 would not have triggered an RBC action level.

During 2016, we expect to be reimbursed by the Michigan Department of Health and Human Services in order to maintain actuarial soundness of our premiums, which would offset in part this negative surplus and RBC impact that could occur on an interim basis.

NOTES TO FINANCIAL STATEMENTS

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	YES	YES
B. ACA fee assessment payable for the upcoming year	\$ 983,151	\$ 50,405
C. ACA fee assessment paid	\$ 50,590	\$ -
D. Premium written subject to ACA 9010 assessment	\$ 56,205,074	\$ 30,773,525
E. Total Adjusted Capital before surplus adjustment	\$ 5,013,049	
F. Total Adjusted Capital after surplus adjustment	\$ 4,029,898	
G. Authorized Control Level	\$ 1,811,330	
H. Would reporting the ACA assessment as of December 31, 2015, have triggered an RBC action level (YES/NO)?	NO	

23. Reinsurance

- A. Ceded Reinsurance Report

None
- B. Uncollectible Reinsurance

None
- C. Commutation of Ceded Reinsurance

None
- D. Certified Reinsurance Rating Downgraded or Status Subject to Revocation

None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A., B. C.

The Company participates in Medicare Advantage Special Needs Plans and a Medicaid-Medicare Dual Demonstration Program under contracts with Centers for Medicare and Medicaid Services and the Michigan Department of Health and Human Services.

Medicare revenue paid to the Company is subject to retroactive adjustment predicated upon membership acuity. Based on member encounter data the Company submits to CMS, the Company’s Medicare revenue is subject to adjustment for up to two years after a member’s eligibility month. Adjustments to earned premium are estimated based primarily upon members’ utilization patterns. In 2015 and 2014, the Company had net premiums related to its Medicare contracts of \$55,430,780 and \$30,723,525, respectively, representing 92% and 100% of the Company’s total net premiums in 2015 and 2014, respectively.
- D. Medical Loss Ratio Rebates Required per Public Health Service Act

None
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

None

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves for incurred claims and claim adjustment expenses as of December 31, 2014 were \$2,107,798. As of December 31, 2015, \$2,060,960 has been paid for incurred claims and claims adjustment expense attributable to insured events of prior years. Reserves remaining for prior years are now \$0, as a result of re-estimation of unpaid claims and claims adjustment expenses. Therefore there has been a \$46,838 favorable prior-year development since December 31, 2014. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

NOTES TO FINANCIAL STATEMENTS

28. Health Care Receivables

1. Pharmaceutical Rebate Receivables

None
2. Risk Sharing Receivables

None

29. Participating Policies

None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves

\$2,173,364
2. Date of the most recent evaluation of this liability

January 29, 2016
3. Was anticipated investment income utilized in this calculation?

Yes

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐
- 1.3

State Regulating?

Michigan.....
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☒ No ☐
- 2.2

If yes, date of change:

.....05/01/2015
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2012
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2012
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....06/24/2014
- 3.4

By what department or departments? Michigan Department of Insurance and Financial Services.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ N/A ☐
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes ☐ No ☒

4.12 renewals? Yes ☐ No ☒
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes ☐ No ☒

4.22 renewals? Yes ☐ No ☒
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....
.....
.....

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 6.2

If yes, give full information
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒
- 7.2

If yes,

- 7.21

State the percentage of foreign control
- 7.22

State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....
.....
.....

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG LLP, 10 S. Broadway, Suite 900. St. Louis, MO 63102.....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Milliman,71 S. Wacker Drive, Chicago IL 60606.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

\$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [X] No []

14.21 If the response to 14.2 is yes, provide information related to amendment(s)
Code of Ethics is now that of Centene Corporation, the new parent company.....

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
.....
.....
.....

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
- Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
- Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?
- Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
- Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?
- Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
- 24.103 Total payable for securities lending reported on the liability page \$.....

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$0
25.22 Subject to reverse repurchase agreements	\$0
25.23 Subject to dollar repurchase agreements	\$0
25.24 Subject to reverse dollar repurchase agreements	\$0
25.25 Placed under option agreements	\$0
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$0
25.27 FHLB Capital Stock	\$0
25.28 On deposit with states	\$0
25.29 On deposit with other regulatory bodies	\$1,097,420
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$0
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$0
25.32 Other	\$0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....
.....
.....
.....
.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$0

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian’s Address
JP Morgan Chase.....	Chase Manhattan Plaza, New York, New York 10005-1489.....

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....
.....
.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....
.....
.....

GENERAL INTERROGATORIES

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	1,097,420	1,095,059	(2,361)
30.2 Preferred Stocks.....	0		0
30.3 Totals	1,097,420	1,095,059	(2,361)

30.4 Describe the sources or methods utilized in determining the fair values:

The Company's custodian utilizes Interactive Data Corporation for valuation.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [X] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [X] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No []

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$0
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 34.1 Amount of payments for legal expenses, if any? \$52,117
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Williams & Connolly, LLP.....	\$.....49,713

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$0
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2 If yes, indicate premium earned on U. S. business only.

\$0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$0

1.62 Total incurred claims

\$0

1.63 Number of covered lives

.....0

All years prior to most current three years:

1.64 Total premium earned

\$0

1.65 Total incurred claims

\$0

1.66 Number of covered lives

.....0

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$0

1.72 Total incurred claims

\$0

1.73 Number of covered lives

.....0

All years prior to most current three years:

1.74 Total premium earned

\$0

1.75 Total incurred claims

\$0

1.76 Number of covered lives

.....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$60,547,362	\$30,723,525
2.2	Premium Denominator	\$60,547,362	\$30,723,525
2.3	Premium Ratio (2.1/2.2)1.000	1.000
2.4	Reserve Numerator	\$5,536,785	\$2,079,095
2.5	Reserve Denominator	\$5,536,785	\$2,079,095
2.6	Reserve Ratio (2.4/2.5)1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No [X]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2 If no, explain:
Reinsurance has not been retained because of the entity's capitation arrangement with ConcertoHealth. ConcertoHealth has a reinsurance policy that applies to its business with Fidelis.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$.....

5.32 Medical Only

\$.....

5.33 Medicare Supplement

\$.....

5.34 Dental and Vision

\$.....

5.35 Other Limited Benefit Plan

\$.....

5.36 Other

\$.....

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [X] No []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

.....4,853

8.2 Number of providers at end of reporting year

.....5,496

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

.....

9.22 Business with rate guarantees over 36 months

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]
- 10.2 If yes:

10.21 Maximum amount payable bonuses\$.....

10.22 Amount actually paid for year bonuses\$.....

10.23 Maximum amount payable withholds\$.....

10.24 Amount actually paid for year withholds\$.....
- 11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [] No [X]

11.13 An Individual Practice Association (IPA), or,

Yes [] No [X]

11.14 A Mixed Model (combination of above) ?

Yes [X] No []

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [X] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Michigan.....

11.4 If yes, show the amount required.

\$.....1,811,330

11.5 Is this amount included as part of a contingency reserve in stockholder’s equity?

Yes [] No [X]

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:
- | 1 |
|-----------------------|
| Name of Service Area |
| Wayne County..... |
| Macomb County..... |
| Oakland County..... |
| Washtenah County..... |
| Allegan County..... |
| Bay County..... |
| Genesee County..... |
| Jackson County..... |
| Kalamazoo County..... |
| Kent County..... |
| Muskegan County..... |
| Saginaw County..... |
- 13.1 Do you act as a custodian for health savings accounts?

Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....

13.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes [] No [] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:
- | 1 | 2 | 3 | 4 | Assets Supporting Reserve Credit | | |
|--------------|-------------------|--------------------------|----------------|----------------------------------|------------------|-------|
| | | | | 5 | 6 | 7 |
| Company Name | NAIC Company Code | Domiciliary Jurisdiction | Reserve Credit | Letters of Credit | Trust Agreements | Other |
| | | | | | | |
15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:

15.1 Direct Premium Written (prior to reinsurance ceded)\$.....

15.2 Total incurred claims\$.....

15.3 Number of covered lives.....
- | |
|-------------------------------------------------------------------------------------------|
| *Ordinary Life Insurance Includes |
| Term (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Variable Life (with or without Secondary Guarantee) |
| Universal Life (with or without Secondary Guarantee) |
| Variable Universal Life (with or without Secondary Guarantee) |
- 28.1

FIVE - YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	11,294,039	8,751,127	6,835,614	7,514,714	8,613,352
2. Total liabilities (Page 3, Line 24)	6,280,990	3,873,020	2,342,947	3,086,075	4,112,840
3. Statutory minimum capital and surplus requirement	1,811,330	3,000,000	3,000,000	3,000,000	3,000,000
4. Total capital and surplus (Page 3, Line 33)	5,013,049	4,878,107	4,492,667	4,428,639	4,500,511
Income Statement (Page 4)					
5. Total revenues (Line 8)	60,547,362	30,723,525	20,505,214	20,446,296	22,746,896
6. Total medical and hospital expenses (Line 18)	55,382,356	25,158,547	17,947,216	15,911,625	18,631,188
7. Claims adjustment expenses (Line 20)	1,695,091	1,455,065	731,330	1,045,002	803,621
8. Total administrative expenses (Line 21)	5,463,541	4,365,196	2,193,991	3,135,008	2,410,864
9. Net underwriting gain (loss) (Line 24)	(4,166,991)	(255,283)	(367,323)	354,661	901,223
10. Net investment gain (loss) (Line 27)	9,597	2,771	20,662	4,040	8,705
11. Total other income (Lines 28 plus 29)	84,171	252,512	242,314	62,577	0
12. Net income or (loss) (Line 32)	(3,350,756)	0	(68,852)	278,043	578,355
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	(7,236,718)	760,628	(1,073,160)	(190,373)	329,377
Risk-Based Capital Analysis					
14. Total adjusted capital.....	5,013,049	4,878,107	4,492,667	4,428,639	4,500,511
15. Authorized control level risk-based capital	1,811,330	1,268,915	1,042,463	1,015,690	1,175,889
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	7,540	2,268	1,271	737	943
17. Total members months (Column 6, Line 7)	67,810	21,450	11,416	9,713	10,266
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	91.5	81.9	87.5	77.8	81.9
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	2.8	4.7	3.6	5.1	3.5
22. Total underwriting deductions (Line 23)	106.9	100.8	101.8	98.3	96.0
23. Total underwriting gain (loss) (Line 24)	(6.9)	(0.8)	(1.8)	1.7	4.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	2,032,257	1,280,159	2,176,175	3,083,444	2,012,797
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	2,079,095	2,024,526	2,480,204	3,862,160	3,081,875
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate		0	0	0	0
31. All other affiliated		0	0	0	0
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?.....Yes [] No []

If no, please explain

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

			1	Direct Business Only							
			2	3	4	5	6	7	8	9	
State, Etc.			Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Consideration s	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL	N							0	0
2.	Alaska	AK	N							0	0
3.	Arizona	AZ	N							0	0
4.	Arkansas	AR	N							0	0
5.	California	CA	N							0	0
6.	Colorado	CO	N							0	0
7.	Connecticut	CT	N							0	0
8.	Delaware	DE	N							0	0
9.	District of Columbia	DC	N							0	0
10.	Florida	FL	N							0	0
11.	Georgia	GA	N							0	0
12.	Hawaii	HI	N							0	0
13.	Idaho	ID	N							0	0
14.	Illinois	IL	N							0	0
15.	Indiana	IN	N							0	0
16.	Iowa	IA	N							0	0
17.	Kansas	KS	N							0	0
18.	Kentucky	KY	N							0	0
19.	Louisiana	LA	N							0	0
20.	Maine	ME	N							0	0
21.	Maryland	MD	N							0	0
22.	Massachusetts	MA	N							0	0
23.	Michigan	MI	L		55,430,780	5,116,582				60,547,362	0
24.	Minnesota	MN	N							0	0
25.	Mississippi	MS	N							0	0
26.	Missouri	MO	N							0	0
27.	Montana	MT	N							0	0
28.	Nebraska	NE	N							0	0
29.	Nevada	NV	N							0	0
30.	New Hampshire	NH	N							0	0
31.	New Jersey	NJ	N							0	0
32.	New Mexico	NM	N							0	0
33.	New York	NY	N							0	0
34.	North Carolina	NC	N							0	0
35.	North Dakota	ND	N							0	0
36.	Ohio	OH	N							0	0
37.	Oklahoma	OK	N							0	0
38.	Oregon	OR	N							0	0
39.	Pennsylvania	PA	N							0	0
40.	Rhode Island	RI	N							0	0
41.	South Carolina	SC	N							0	0
42.	South Dakota	SD	N							0	0
43.	Tennessee	TN	N							0	0
44.	Texas	TX	N							0	0
45.	Utah	UT	N							0	0
46.	Vermont	VT	N							0	0
47.	Virginia	VA	N							0	0
48.	Washington	WA	N							0	0
49.	West Virginia	WV	N							0	0
50.	Wisconsin	WI	N							0	0
51.	Wyoming	WY	N							0	0
52.	American Samoa	AS	N							0	0
53.	Guam	GU	N							0	0
54.	Puerto Rico	PR	N							0	0
55.	U.S. Virgin Islands	VI	N							0	0
56.	Northern Mariana Islands	MP	N							0	0
57.	Canada	CAN	N							0	0
58.	Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal.....		XXX	0	55,430,780	5,116,582	0	0	0	60,547,362	0
60.	Reporting entity contributions for Employee Benefit Plans.....		XXX							0	
61.	Total (Direct Business)	(a)	1	0	55,430,780	5,116,582	0	0	0	60,547,362	0
DETAILS OF WRITE-INS											
58001.			XXX							0	
58002.			XXX							0	
58003.			XXX							0	
58998.	Summary of remaining write-ins for Line 58 from overflow page.....		XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc. The company only has business in the state of Michigan.

(a) Insert the number of L responses except for Canada and other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Centene Corporation	42-1406317	DE	
Bankers Reserve Life Insurance Company of Wisconsin	39-0993433	WI	71013
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Peach State Health Plan, Inc	20-3174593	GA	12315
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Iowa Total Care, Inc	46-4829006	IA	15713
Buckeye Community Health Plan, Inc	32-0045282	OH	11834
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Absolute Total Care, Inc	20-5693998	SC	12959
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Physicians Choice, LLC	59-3807546	SC	
PhyTrust of South Carolina LLC	65-1206841	FL	
Coordinated Care Corporation d/b/a Managed Health Services	39-1821211	IN	95831
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Healthy Washington Holdings, Inc	46-5523218	DE	
Coordinated Care of Washington, Inc	46-2578279	WA	15352
Managed Health Services Insurance Corp	39-1678579	WI	96822
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Hallmark Life Insurance Co	86-0819817	AZ	60078
Superior HealthPlan, Inc	74-2770542	TX	95647
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Healthy Louisiana Holdings LLC	27-0916294	DE	
Louisiana Healthcare Connections, Inc	27-1287287	LA	13970
Magnolia Health Plan Inc	20-8570212	MS	13923
IlliniCare Health Plan, Inc	27-2186150	IL	14053
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Sunshine Health Holding LLC	26-0557093	FL	
Sunshine State Health Plan, Inc	20-8937577	FL	13148
Access Health Solutions LLC	56-2384404	FL	
Sunshine Consulting Services, Inc.	27-0242132	DE	
Kentucky Spirit Health Plan, Inc	45-1294925	KY	14100
Healthy Missouri Holding, Inc	45-5070230	MO	
Home State Health Plan, Inc	45-2798041	MO	14218
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Sunflower State Health Plan, Inc	45-3276702	KS	14345
Granite State Health Plan, Inc	45-4792498	NH	14226
Bridgeway Advantage Solutions, Inc	46-4195563	AZ	15447
California Health and Wellness Plan	46-0907261	CA	
Fidelis SecureCare of Michigan, Inc.	30-0312489	MI	10769
Agate Resources, Inc.	20-0483299	OR	
Lane Individual Practice Association, Inc.	93-1198219	OR	

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Trillium Community Health Plan, Inc.	42-1694349	OR	12559
Trillium Community Health Plan, Inc.	42-1694349	OR	12559
Agate Properties, LLC	26-4475075	OR	
Independent Professional Services, LLC	93-1198376	OR	
Nebraska Total Care, Inc.	47-5123293	NE	
Pennsylvania Health & Wellness, Inc.	47-5340613	PA	
Centene Management Company LLC	39-1864073	WI	
CMC Real Estate Co. LLC	20-0057283	DE	
Centene Center LLC	26-4094682	DE	
Centene Center II, LLC	47-5156015	DE	
CMC Hanley, LLC	46-4234827	MO	
Forhan, LLC	47-2914561	MO	
Hanley-Forsyth, LLC	37-1766939	MO	
GPT Acquisition LLC	45-5431787	DE	
Clayton Property Investment LLC	45-4372065	DE	
LSM Holdco, Inc.	46-2794037	DE	
Lifeshare Management Group, LLC	46-2798132	NH	
Chopin Merger Sub I, Inc.		DE	
Chopin Merger Sub II, Inc.	47-5208076	DE	
CCTX Holdings, LLC	20-2074217	DE	
Centene Company of Texas, LP	74-2810404	TX	
Centene Holdings, LLC	20-2074277	DE	
Centene Company of Texas, LP	74-2810404	TX	
MHS Travel & Charter, Inc	43-1795436	WI	
LiveHealthier, Inc.	47-2516714	DE	
Envolve, Inc.	37-1788565	DE	
Centene Health Systems Group of New York	47-3454898	NY	
Health Care Enterprises, LLC	46-4855483	DE	
CenCorp Health Solutions, Inc	22-3889471	DE	
Cenphiny Mgmt, LLC	42-1565805	DE	
NurseWise Holdings LLC	42-1565807	DE	
NurseWise LP	52-2379566	DE	
Nurse Response, Inc	20-4730372	DE	
Bridgeway Health Solutions, LLC	20-4980875	DE	
Bridgeway Health Solutions of Arizona, Inc.	20-4980818	AZ	
Nurtur Health, Inc	06-1476380	DE	
Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations	06-1404277	CT	
Wellness By Choice, LLC	16-1686991	NY	
Cenpatico Behavioral Health, LLC	68-0461584	CA	
Cenpatico Behavioral Health of Texas, Inc	74-3018565	TX	12525
CBHSP Arizona, Inc	86-0782736	AZ	

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Cenpatico of California, Inc	47-2595704	CA	
Integrated Mental Health Mgmt, LLC	74-2892993	TX	
Integrated Mental Health Services	74-2785494	TX	
Cenpatico Behavioral Health of Arizona, LLC	20-1624120	AZ	
Cenpatico of Arizona Inc.	80-0879942	AZ	14704
Cenpatico of Florida, Inc.	27-5349029	FL	
Envolve Benefit Options, Inc.	20-4730341	DE	
OptiCare Vision Insurance Co, Inc	36-4520004	SC	
AECC Total Vision Health Plan of Texas, Inc	75-2592153	TX	95302
OptiCare Vision Company, Inc	20-4773088	DE	
Ocucare Systems, Inc	65-0094759	FL	
Envolve Total Vision, Inc.	20-4861241	DE	
OptiCare IPA of New York, Inc.	06-1635519	NY	
Dental Health & Wellness, Inc	46-2783884	DE	
Cenpatico of Louisiana, Inc.	45-2303998	LA	15357
Celtic Group, Inc	36-2979209	DE	
Celtic Insurance Company	06-0641618	IL	80799
Ambetter of Magnolia Inc	35-2525384	MS	15762
Ambetter of Peach State Inc.	36-4802632	GA	15729
Novasys Health, Inc	27-2221367	DE	
CeltiCare Health Plan Holdings LLC	26-4278205	DE	
CeltiCare Health Plan of Massachusetts, Inc.	26-4818440	MA	13632
US Script, Inc	77-0578529	DE	
LBB Industries, Inc	76-0511700	TX	
RX Direct, Inc	75-2612875	TX	
US Script IPA, LLC	46-2307356	NY	
Casenet LLC	90-0636938	DE	
Casenet S.R.O.		CZE	
Centurion Group, Inc	61-1450727	DE	
Centurion LLC	90-0766502	DE	
Centurion of Virginia, LLC	47-1577742	VA	
Centurion of Vermont, LLC	47-1686283	VT	
Centurion of Pennsylvania, LLC	47-1229365	PA	
Centurion of Mississippi, LLC	47-2967381	MS	
Centurion of Tennessee, LLC	30-0752651	TN	
Massachusetts Partnership for Correctional Healthcare, LLC	61-1696004	MA	
Centurion of Idaho, LLC	46-3590120	ID	
Centurion of Michigan, LLC	46-1041008	MI	
Centurion of Minnesota, LLC	46-2717814	MN	
Centurion Correctional Healthcare of New Mexico, LLC		NM	
Centurion of Florida, LLC	81-0687470	FL	

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Specialty Therapeutic Care Holdings, LLC	27-3617766	DE
Specialty Therapeutic Care, LP	73-1698808	TX
Specialty Therapeutic Care, GP, LLC	73-1698807	TX
Specialty Therapeutic Care, LP	73-1698808	TX
Specialty Therapeutic Care West, LLC	26-2624521	TX
AcariaHealth Solutions, Inc.	80-0856383	DE
AcariaHealth, Inc.	45-2780334	DE
AcariaHealth Pharmacy #14, Inc	27-1599047	CA
AcariaHealth Pharmacy #11, Inc	20-8192615	TX
AcariaHealth Pharmacy #12, Inc	27-2765424	NY
AcariaHealth Pharmacy #13, Inc	26-0226900	CA
AcariaHealth Pharmacy, Inc	13-4262384	CA
HomeScripts.com, LLC	27-3707698	MI
New York Rx, Inc.	20-8235695	NY
U.S. Medical Management Holdings, Inc	27-0275614	DE
U.S. Medical Management, LLC	38-3153946	DE
U.S. Medical Management, LLC	38-3153946	DE
RMED, LLC	31-1733889	FL
IAH of Florida, LLC	47-2138680	FL
Heritage Home Hospice, LLC	51-0581762	MI
Grace Hospice of Austin, LLC	20-2827613	MI
ComfortBrook Hospice, LLC	20-1530070	OH
Comfort Hospice of Texas, LLC	20-4996551	MI
Grace Hospice of San Antonio, LLC	20-2827526	MI
Grace Hospice of Grand Rapids, LLC	45-0679248	MI
Grace Hospice of Indiana, LLC	45-0634905	MI
Grace Hospice of Virginia, LLC	45-5080637	MI
Comfort Hospice of Missouri, LLC	45-5080567	MI
Grace Hospice of Colorado, LLC	45-5080675	MI
Grace Hospice of Wisconsin, LLC	46-1708834	MI
Seniorcorps Pensinsula, LLC	26-4435532	VA
R&C Healthcare, LLC	33-1179031	TX
A N J, LLC	20-0927034	TX
Pinnacle Senior Care of Missouri, LLC	46-0861469	MI
Country Style Health Care, LLC	03-0556422	TX
Phoenix Home Health Care, LLC	14-1878333	DE
Traditional Home Health Services, LLC	75-2635025	TX
Family Nurse Care, LLC	38-2751108	MI
Family Nurse Care II, LLC	20-5108540	MI
Family Nurse Care of Ohio, LLC	20-3920947	MI
Pinnacle Senior Care of Wisconsin, LLC	46-4229858	WI
Pinnacle Home Care, LLC	76-0713516	TX
North Florida Health Services, Inc	59-3519060	FL

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Pinnacle Sr. Care of Kalamazoo, LLC	47-1742728	MI
Hospice DME Company, LLC	46-1734288	MI
Rapid Respiratory Services, LLC	20-4364776	DE
USMM Accountable Care Network, LLC	46-5730959	DE
USMM Accountable Care Partners, LLC	46-5735993	DE
USMM Accountable Care Solutions, LLC	46-5745748	DE
USMM ACO, LLC	45-4165480	MI
USMM ACO Florida, LLC	45-4157180	MI
USMM ACO North Texas, LLC	45-4154905	MI
MHS Consulting, International, Inc	20-8630006	DE
PRIMEROSALUD, S.L.		ESP
The Practice Plc		GBR

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